

# SUMMARY OF COURSE ATTENDANCE

To be completed by Continuing Education Coordinator. Hours are total for activity compiled from sign-in sheets. Please type or print. Include address if certificates are to be mailed directly to participants.

Course: \_\_\_\_\_ Dates: \_\_\_\_\_ Location: \_\_\_\_\_

NAME AND ADDRESS	PROFESSION	SOCIAL SECURITY NUMBER	TOTAL HOURS ATTENDED
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

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NAME AND ADDRESS	PROFESSION	SOCIAL SECURITY NUMBER	TOTAL HOURS ATTENDED
13.			
14.			
15.			
16.			
15.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

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NAME AND ADDRESS	PROFESSION	SOCIAL SECURITY NUMBER	TOTAL HOURS ATTENDED
25.			
26.			
27.			
28.			
29.			
30.			
31.			
32.			
33.			
34.			
35.			
36.			

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NAME AND ADDRESS	PROFESSION	SOCIAL SECURITY NUMBER	TOTAL HOURS ATTENDED
37.			
38.			
39.			
40.			
41.			
42.			
43.			
44.			
45.			
46.			
47.			
48.			